PRINTED: 08/20/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG <b>02, 03</b>		(X3) DATE SURVEY COMPLETED	
155280		B. WING	B. WING		R 08/15/2013		
NAME OF PROVIDER OR SUPPLIER				STREET AL	DDRESS, CITY, STATE, ZIP CODE	1 00/	13/2013
WATERS OF DILLSBORO-ROSS MANOR THE				12803 LENOVER ST DILLSBORO, IN 47018			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS	3	{K 0	00}			
	and a Post Survey Reconducted on 07/23/2 Recertification and Sconducted on 05/23/2 Indiana State Departing accordance with 42 C Survey Date: 08/15/2 Facility Number: 000 Provider Number: 15 AIM Number: 10027/3 Surveyor: Mark Buging Specialist  At this FSES and PS Dillsboro-Ross Manowith National Fire Proform Health Care Occur PSR to the Life Safet Licensure Survey. At the FSES Survey for found in Chapter 4 of Approaches to Life Sthe facility provides a equivalent to that pre Safety Code (LSC). Dillsboro building and surveyed with Chapter Occupancies during the conduction of the con	CFR 483.70(a).  13  178  15280  3840  ni, Life Safety Code  R survey, The Waters of r was found in compliance of the com					
	two separate building	ps: The Waters of Dillsboro, a termined to be of Type V					
					TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.

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[	2, 03	(X3) DATE SURVEY COMPLETED	
	, ••	R	
155280 B. WING		08/15/2013	
WATERS OF DILLSBORO-ROSS MANOR THE	REET ADDRESS, CITY, STATE, ZIP CODE 803 LENOVER ST LLSBORO, IN 47018		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	
(K 000)  Continued From page 1 (111) construction with a basement and fully sprinkled and the Ross Manor, a one story building determined to be of Type V (111) construction and fully sprinkled. Both buildings have a fire alarm system with smoke detection on all levels of the Waters of Dillsboro and Ross Manor including in the corridors, in spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms in the Waters of Dillsboro and the Ross Manor building. The Waters of Dillsboro-Ross Manor has a capacity of 123 and had a census of 91 at the time of this visit.  All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.  Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/19/13.  NFPA 101 LIFE SAFETY CODE STANDARD  {K 012}  SS=E  Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 2 floors was constructed with a 1 hour rated floor structure. This deficient practice affects 81 residents who reside in the Waters of Dillsboro building.  Findings include:			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b> , <b>03</b>		(X3) DATE SURVEY COMPLETED		
		155280	B. WING		,	R 08/15/2013	
NAME OF PROVIDER OR SUPPLIER  WATERS OF DILLSBORO-ROSS MANOR THE				12	REET ADDRESS, CITY, STATE, ZIP CODE 1803 LENOVER ST ILLSBORO, IN 47018	<u> </u>	19/2019
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE	
{K 012}	building basement on the maintenance sup- floor was separated v joists throughout the interior finish covering. The basement was us workshop, storage loo on an interview with t on 08/15/13 at 12:45 constructed of one has flooring throughout the	n of the Waters of Dillsboro 1 08/15/13 at 12:30 p.m. with ervisor, the basement to first with exposed wood floor entire basement with no g the wooden floor joists. sed as a maintenance cation, and laundry. Based the maintenance supervisor p.m., the first floor is alf inch plywood with vinyl e first floor with no fire rated erified by the maintenance histrator at the exit	{K 0	12}			
{K 000}	and a Post Survey Re Survey conducted on Code Recertification a conducted on 05/23/1 Indiana State Departr accordance with 42 C Survey Date: 08/15/2 Facility Number: 000 Provider Number: 15 AIM Number: 100273 Surveyor: Mark Bugr Specialist	tion System (FSES) Survey evisit (PSR) to the PSR 07/23/13 to the Life Safety and State Licensure Survey 13 was conducted by the ment of Health in EFR 483.70(a). 13 178 15280 3840	{K 0	00}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING <b>02, 03</b>		(X3) DATE SURVEY COMPLETED		
155280			B. WING	B. WING			R 08/15/2013	
NAME OF PROVIDER OR SUPPLIER  WATERS OF DILLSBORO-ROSS MANOR THE				STREET ADDRESS, CITY, STATE, ZIP CODE  12803 LENOVER ST  DILLSBORO, IN 47018				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	101A, Chapter 4, Fire for Health Care Occur PSR to the Life Safet Licensure Survey. At the FSES Survey for found in Chapter 4 of Approaches to Life S the facility provides a equivalent to that pre Safety Code (LSC). addition, located to the Manor building and cused for therapy with the original building, 18, New Health Care  The 2010 Therapy W Ross Manor building Type V (111) construct facility has a fire alarm detection in the corriccorridors, and battery in all resident sleepin capacity of 123 and hime of this visit.	stection Association (NFPA) se Safety Evaluation System pancies in regard to the y Recertification and State chieving a passing score on Health Care Occupancies NFPA 101A, Alternative afety, 2001 Edition, shows level of Life Safety at least scribed by NFPA 101, Life The 2010 Therapy Wing are south of the original Ross consisted of a single room a two hour separation from a two hour separation from a two hour separation from was surveyed with Chapter Occupancies.  Ing addition to the one story was determined to be of ction and fully sprinkled. The m system with smoke dors, in spaces open to the operated smoke detectors g rooms. The facility has a had a census of 91 at the ents have customary access II areas providing facility	{K C	000}				